Westford Partnership for Children Notification of Participation



Dear					
(Tea	acher Name)				
My child,			, will attend the Westford Partnership for		
Children A	After School En	richment Prograr	m. He/She will sta	art the program	on
		and end on		·	
(Da	ate)		(Date)		
Central loo the hallwa - Room 2;	cations for the y near gymnas	WPC program ar sium and escorte	ne program at the re: Abbot School - d to Milennium Bu Schools - Cafeteri	Children are dis	smissed to bbot School)
My child w	vill attend the V	VPC Enrichment	Program on the fo	ollowing circled	days:
Monday	Tuesday	Wednesday	Thursday	Friday	
In case of	Early Dismissa	al because of sch	nool closing, he/sh	e will go to d will be transpo	orted there by
Thank you					
	(Parent/Gu	ardian Signature			
	(i dicili/du	araiari Oigilataic	,		